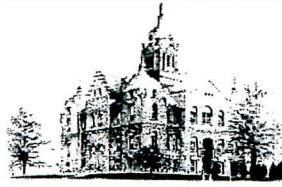


Application for Employment

County of Johnson



EMPLOYMENT EXPERIENCE: Start with your present or last job. Use additional paper if needed. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Job Title	Date Started	Date Ended	Supervisor:
Employer / Supervisor			
Address	Starting Wage	Ending Wage	Work Performed:
Telephone Number			
Reason for leaving			

Job Title	Date Started	Date Ended	Supervisor:
Employer / Supervisor			
Address	Starting Wage	Ending Wage	Work Performed:
Telephone Number			
Reason for leaving			

Job Title	Date Started	Date Ended	Supervisor:
Employer / Supervisor			
Address	Starting Wage	Ending Wage	Work Performed:
Telephone Number			
Reason for leaving			

REFERENCES:

Name and Address:	Position:	Contact Number:
1.		
2.		
3.		

Application for Employment

County of Johnson



EDUCATION:

	Name & Address of School	Course of Study	Years Completed	Degree Awarded
High School				
College				
Technical Training				
Other: Specify				

Do you speak, read and/or write any foreign languages? ___ Yes ___ No

If so, which ones: _____

Have you ever served in the United States military? ___ Yes ___ No

Describe any additional information or job-related training you feel may be helpful in considering your application: _____

Please mark any certifications or specialized skills you have:

Class A CDL License ___ Yes ___ No Other type of CDL License ___ Yes ___ No

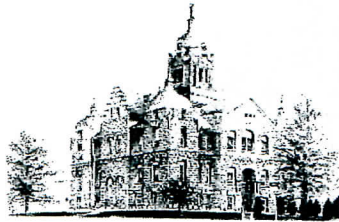
Any prior experience operating construction vehicles or equipment? ___ Yes ___ No

If so, please describe: _____

Other skills (please describe): _____

Application for Employment

County of Johnson



PLEASE NOTE:

This application for employment shall be considered active for a period of time **not to exceed 45 days**. Any applicant wishing to be considered for employment beyond this time period should notify the Human Resource office or submit another application at that time.

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. I authorized investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Print name in legible form: _____

Date: _____

Signature of Applicant

FOR PERSONNEL DEPARTMENT USE ONLY

Interview time and date: _____

Start Date: _____

Job Title: _____

Comments: _____
